

APPENDIX 6: HEALTHCARE SYSTEMS SECTOR

Sector Description

The healthcare systems sector consists of state and local health departments, hospitals, health clinics, advanced life support (ALS) services, emergency medical services (EMS - including ambulances – ground and airlift), mental health facilities, nursing homes, blood-supply facilities, laboratories, mortuaries, and pharmaceutical stockpiles. A commonly overlooked component of the public healthcare subsector involves the health of animals – veterinary medicine. In addition, the healthcare delivery industry is tied to the diagnostic and therapeutic decisions of healthcare professionals. As technology has advanced, so has the level of integration of cyber technology within individual institutions (i.e., electronic record keeping systems). The Region also depends on highly specialized laboratory facilities and assets, especially those related to disease control and vaccine distribution and storage.

Results of Infrastructure Interruptions

Generally, a problem must affect several healthcare service providers in the Region in order to create a serious threat to the ability to provide healthcare services. The results of a surge in the number of people requiring healthcare are obvious – injured, ill, or traumatized people may suffer and perhaps die. In addition, there are potential psychological impacts on the injured, their loved ones, and the public. The resulting desire to seek information or medication will have a significant impact on the healthcare system as these individuals demand attention at the Regions' clinics, hospitals, and health care facilities. The end result will stretch personnel resources.

Loss of any of the infrastructure services discussed in these appendices (energy, information technology, telecommunications, water, transportation) can have debilitating impacts on the healthcare services system. Some examples include:

- The loss of capability to communicate vital information concerning the disaster event to the general public.
- Loss of ambulance service to transport critical patients.
- An inability to light, heat, cool, ventilate, monitor, or secure facilities or provide water and sewer.

The most critical asset for emergency health services is medical personnel. A major regional natural disaster or high profile public health incident may cause medical personnel not to report to work, either due to personal illness as a direct result of the incident, or due to the need to care for loved ones who have been stricken. Either cause, resulting in any measurable level of absences, is likely to degrade healthcare services.

Region 6 Service Providers Active in CIP

- Auburn Regional Medical Center
- Children's Hospital and Regional Medical Center
- Department of Health East Regional Hospital

- Enumclaw Community Hospital
- Evergreen Healthcare
- Group Health Central Hospital
- Group Health Eastside Hospital
- Harborview Medical Center
- Highline Community Hospital
- Kindred Hospital Seattle
- King County Veterinary Medical Association
- Kent Fire/EMS
- Northwest Hospital
- Public Health - Seattle & King County
- Puget Sound Blood Center
- Virginia Mason Medical Center
- Overlake Hospital Medical Center
- Regional Hospital for Respiratory & Complex Care
- Snoqualmie Valley Hospital
- St. Francis Hospital
- State Veterinary Medical Association
- Swedish Medical Center, Ballard
- Swedish Medical Center, First Hill
- Swedish Medical Center, Providence
- University of Washington Medical Center
- Valley Medical Center
- Veterans Administration Puget Sound Medical Center
- Washington State Hospital Association
- West Seattle Psychiatric Hospital

Current Information Sharing Mechanisms

- Healthcare Services Information Sharing and Analysis Center, (website under-development)
- Health Alert Network (HAN), (<http://www.phppo.cdc.gov/HAN/Index.asp>)
- Washington State Hospital Association, (<http://www.wsha.org>)
- Pacific Northwest Economic Region (PNWER), (<http://www.pnwer.org>)
- NWWARN, (<https://www.nwwarn.gov>)
- King County Hospital Preparedness Committee (staffed by Public Health of Seattle King County)

Common Vulnerability Assessment Tools

- Kaiser's Hospital Vulnerability Assessment
- CARVER + Shock VAM, The CARVER + Shock methodology. CARVER was originally developed by the US Special Forces.
- HLS-CAM, HLS-CAM Criticality developed by the West Virginia National Guard based on the DTRA JSIVA model modified to the civilian sector along with the Florida Domestic Security Work Group Comprehensive Vulnerability Assessment.

- State Vulnerability Assessment Methodology, The State Vulnerability Assessment (VA) Methodology developed by Argonne National Laboratory for the Department of Homeland Security (DHS) (2003).
- SVA-Pro, developed by Dyadem International Ltd. (2003).
- Terrorism VSAT, Developed by the North Carolina Department of Agriculture and Consumer Services for the North Carolina agri-business community.

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